



QUESTIONNAIRE FOR ULTRASOUND

NAME: _____ DATE: _____

Please complete this questionnaire prior to your ultrasound examination. The information that you provide will help us adjust the examination to you individual needs and will aid in the interpretation of your examination.

1. Why has your Doctor sent you for this examination?

- Pain, if so indicate
- Weight loss
- Follow up
- Routine
- Blood in urine
- Protein in urine
- Abnormal urinalysis
- Abnormal liver function tests
- Any type of abnormal blood test, please indicate
- Other, please explain

2. Have you ever had any type of surgery to the area being scanned? If so, please indicate what type and reason for surgery.

3. Do you have any history of health problems (e.g., diabetes, hypertension, etc.)?

4. If you have answered yes to #3 please indicate what type of drug treatments, if any.

FEMALES ONLY

5. How many pregnancies have you had?

6. Are you taking oral contraceptives (Birth control pills)?